

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/462761</b>		FILING DATE	
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1						51		
2		1					52		
3		2					53		
4		1					54		
5		2					55		
6		(1)					56		
7		(1)					57		
8		(1)					58		
9	1						59		
10		1					60		
11		1					61		
12			1				62		
13				1			63		
14				1			64		
15				1			65		
16				1			66		
17				1			67		
18				4			68		
19				1			69		
20				1			70		
21				1			71		
22			1				72		
23				1			73		
24				1			74		
25				3			75		
26							76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.			2				TOTAL IND.		
TOTAL DEP.			17				TOTAL DEP.		
TOTAL CLAIMS			19				TOTAL CLAIMS		

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